

THERESA J. PAGE, MA, LPC
823 NE Broadway
Portland, OR 97232
503.282.6267

Professional Disclosure Statement

Philosophy and Approach: My approach to counseling is best described as integrative, working within a framework of psychodynamic, developmental and attachment models. When appropriate, I use creative and expressive approaches including play therapy and sandtray therapy. The goals of counseling will be based on each client individually according to his or her specific concerns and reasons for entering into counseling.

Formal Training and Education: I hold a Masters Degree in Counseling Psychology from Lewis and Clark College. My coursework and practice focus emphasized counseling with children and adolescents, individual adult counseling, couples counseling, family therapy and play therapy training. I continue to participate in ongoing continuing education and clinical consultation. I am a Licensed Professional Counselor (LPC) with the state of Oregon. I am certified as a clinical supervisor for counselors working toward licensure.

Billing and Fees: My fees are \$ 225.00 for the initial intake session, \$ 160.00 for individual sessions and parent consultation, and family sessions. Classroom Observations/Assessments start at \$ 125.00 per hour, and Mental Health Evaluations start at \$185.00. Any written reports will be billed at \$ 125.00 per hour of preparation. Any court or phone consultations requested on behalf of client will also be billed at \$ 160.00 per hour. For court testimony my minimum charge is \$250. Driving time will also be billed at my hourly rate. Due to the cost and time involved in billing insurance companies, I offer a reduced fee for clients who choose private pay at the time of service.

Confidentiality: I will not release any information about you to any person or agency without your written consent except as noted in the Bill of Rights as follows.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license I am required to participate in frequent continuing education, taking courses with subjects relevant to this profession. I also participate in professional supervision and consultation groups with other licensed therapists and counselors in order to support my work with clients. I am happy to explain this process to you.

You have the following rights as a client of an Oregon licensee:

- ◆ To expect that the licensee has met the minimal qualifications of training and experience required by state law;
- ◆ To examine public records maintained by the Board and to have the Board confirm credentials of a licensee
- ◆ To obtain a copy of the Code of Ethics;
- ◆ To report any complaints to the Board;
- ◆ To be informed of the cost of professional services before receiving the services;
- ◆ To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - Reporting suspected child abuse and elder abuse;
 - Reporting imminent danger to client or others;
 - Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
 - Providing information concerning licensee consultation or supervision; and
 - Defending claims brought by client against licensee
- ◆ To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services. You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499 Email: lpc.lmft@state.or.us Website: www.oregon.gov/OBLPCT

Authorization for Treatment

Confidentiality: Counseling is most effective when people feel they can talk openly in an environment that is private. I am committed to the confidentiality and privileged communications of all clients. I will not share your personal information unless you sign a release that gives me permission to talk with a specific party. However, the following limitations and exceptions exist:

- 1.) You provide me with your consent to release information;
- 2.) I have reason to believe that you are a danger to yourself or to someone else;
- 3.) You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person;
- 4.) I am ordered by a court to disclose information; or
- 5.) I need to release specific information to your insurance provider in order to receive payment for services.

Additional billing and payment issues: Full payment for the session is the client's responsibility and is requested at the beginning of each session. If you use insurance and your insurance requires a co-payment amount, that amount should be paid at the beginning of each session. Any other payment agreements must be made and agreed to in advance.

Billing is contracted with MHP Services. All confidentiality and medical privacy laws apply to this contract. If you have questions about your balance or other billing questions, you may contact Vickie at MHP Services by email: Vickie.mhpservices@gmail.com or by phone 360.844.5251

Cancellation: Your session is reserved for you. If you are unable to make your appointment, please notify me at least 24 hours in advance. Your insurance company cannot be billed for a missed appointment. You will be responsible for payment for the missed session in the absence of advanced notification.

Emergency Procedures: If there is an emergency and I cannot be reached, please contact your physician, the emergency room at the hospital nearest you, or the mental health crisis line at (503) 988-4888.

Additional Issues: I appreciate the time you have taken to read this. It is important to be aware that sometimes people experience emotional discomfort or changes in relationships as a result of working toward goals of treatment. Please discuss any concerns you notice so that we can work together to help you cope with these changes and create a more positive outcome. One of the most important rights you have as a client is that you are always free to ask questions and communicate concerns as they arise for you now or at any point during you or your child's treatment. Please feel free to let me know directly how I can be of assistance to you. I look forward to working with you.

Authorization for Treatment: I have read this form and have had the chance to discuss it with the therapist who is working with me. I understand the information stated, and I agree to participate in treatment under the conditions described. I give permission for Theresa J. Page, MA, LPC, to provide necessary treatment or to make an appropriate referral for me and/or my child and to release necessary information to bill the client's health insurance.

Printed Name of Client or Child

Date

Signature of Client or Parent/Legal Guardian

Signature of Therapist